

“Anyone Claiming that *Mezizah be-Peh* is a Danger or Harmful to Infants is Stating an Absolute Falsehood.”³⁷

Representative of this continuing argument is the following citation from Dr. Daniel Berman, Chief of Infectious Diseases, New York Westchester Square Hospital Medical Center, Bronx, NY: “By contrast, *metzitzah b’peh*—assuming the worst, which has not been proved—has had [only] one death attributed to it in the several thousands of years it has been practiced.”³⁸

Unfortunately for Dr. Berman and those of like mind, that contention is certainly more myth than fact. The nineteenth century literature contains numerous case reports of fatalities, which contemporary physicians attributed to lesions spread by MBP. Now, I recognize that absolute laboratory corroboration of such transmission would be finding the genetically identical pathogenic micro-organism responsible for the fatality, present as well in the oral cavity of the *mohel*. This technology would not be available for at least a century, and was therefore certainly lacking in these cases. Nevertheless, the outstanding clinicians of that era were developing the diagnostic acumen to recognize venereal lesions and track the spread from person to person. For example, the first report documenting transmission of illness via MBP dates back to one of the most prominent 19th-century medical authorities—Johann Nepomuk Rust.³⁹ In his seminal work on cutaneous ulcerations entitled *Helkologie oder über Natur, Erkenntniss und Heilung der*

³⁷ *Maharam Schick, Orach Hayyim*, Responsum 152, dating from the late 1870s and cited by Dayyan Freund of the *Eidah ha-Hareidit* in a proclamation dated *Parshat Mishpatim*, 5765.

³⁸ Letter to the *Forward*, March 3, 2006, p. 10.

³⁹ Dr. Rust served initially as a surgeon in Krakow and Lemberg. After achieving fame in these cities, he was hired by the Government of Prussia to serve as the Surgeon General of both the civilian and military medical systems and Professor of Medicine at Friedrich-Wilhelm University. His 17-volume textbook on the theory and practice of surgery, ophthalmology, and venereal diseases represented the apex of mid 19th century medicine.

Skin Diseases, were published in the New York Medical Journal. Dr. Taylor writes, "The opinion has been suggested that these Jewish children became syphilitic in consequence of the wound in circumcision having been sucked, according to a custom prevailing among the low classes of stopping hemorrhage, by the operator, who had syphilitic lesions in his mouth." Since Dr. Taylor was not able to document an active lesion in the mouth of the *mohel*, Mr. H., he could not certify that Mr. H. was the source of the outbreak, or indeed that the three boys died as a result of syphilis.⁴⁴ Dr. Taylor concluded his piece with the following observations:

1. That in the Jewish rite of circumcision there is a possibility of the occurrence of syphilis.
2. That the contagion is most likely to be communicated in the act of sucking the wound, the mouth containing a styptic liquid, and that perhaps it may occur by means of instruments soiled by syphilitic blood.
3. That the chances of such contagion are rendered greater by the performance of the operation by irresponsible, nonprofessional persons.
4. That the operation of sucking should be wholly abolished, and that, if a styptic solution of any kind is used, it should be poured from a vessel on the wound rather than squirted upon it from the mouth of the operator.
5. That in no instance should two or more children be thus operated on consecutively without a thorough cleansing of the instruments and utensils used after each operation, and that in every instance the greatest care should be taken in cleansing the instruments.
6. That the performance of the rite should be absolutely confined to responsible and educated persons; either a

⁴⁴ Dr. Taylor did not offer an alternative explanation for the disease process that felled these infants. Using Dr. Reichman's rationale (cited in note 41), we can postulate that here too, as in Vienna, herpes was the causative agent.

Geschwüre,⁴⁰ he records an outbreak of syphilis with many fatalities among the newly circumcised infants in Krakow. His own investigations led to his attributing the fatal epidemic to the active venereal lesions that he personally visualized in the oral cavity of the local *mohel*.

The next documented transmission occurred in 1837. Dr. S. Wertheim, the physician in chief of the Jewish Hospital in Vienna, observed a spate of fatalities among the newly circumcised infants of his community. Although he could not identify any lesions in the *mohel's* mouth, he attributed the outbreak to MBP, since the afflicted all suffered initially with incurable rashes on the *brit milah* wound.⁴¹ He consulted the Chief Rabbi, Rabbi Elazar Horowitz, and requested authorization to substitute manually applied pressure, with the interposition of absorbent gauze dressing, to accomplish the drawing out of blood instead of utilizing MBP. After Rabbi Horowitz received approval from his teacher, the Ḥatam Sofer, this change was instituted in Vienna, and Rabbi Horowitz attests there were no further cases of this nature.⁴²

During the next several decades there were sporadic case reports from various German localities, but no detailed descriptions are available. The next fully documented article appeared in 1873, when the New York City Board of Health was called to investigate the cases of four healthy Jewish newborns, who had contracted genital ulcerations following their ritual circumcisions.⁴³ Three of the four infants succumbed to their illnesses. The findings of Dr. Taylor, surgeon to the New York Dispensary Department of Venereal and

⁴⁰ Vienna, 1811.

⁴¹ In fact, Dr. Reichman argues that in these Viennese cases, Herpes Simplex was the more likely ailment transmitted, rather than syphilis, as in the Krakow cases, precisely because there were no overt lesions in the *mohel's* mouth, which should be easily found in syphilitics. See Dr. Reichman's *AQJS* article cited above in note 5.

⁴² These incidents in Vienna can be credited with igniting the entire *Mezizah* controversy. See Katz in footnote 5. The role of the Ḥatam Sofer will be treated more extensively in the next section.

⁴³ R.W. Taylor, "On the Question of the Transmission of Syphilitic Contagion in the Rite of Circumcision," *New York Medical Journal*, Vol. XVIII, December 1873, No. 6, pp. 560–582. I obtained this reference from Dr. Reichman's article cited in footnote 5.

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physician alone being selected, or a physician assisting an officiating rabbi, or a circumciser of recognized merit.

7. That, under these circumstances, accidents of any kind are reduced to a minimum.

Dr. Taylor expressed the hope that adhering to his guidelines “will render a rite, which has useful sanitary bearings, less liable to fall into disrepute among those upon whom it is obligatory.”⁴⁵

The next documented outbreak occurred in central Germany. In a four-year period between 1879 and 1883, five babies who had been circumcised in Baden contracted syphilis-like symptoms.⁴⁶ The city medical officer, fearing the possibility of an epidemic, conducted an inquiry and, in conjunction with the Jewish physician who assisted him, concluded that the illnesses were to be traced to two *mohelim* who had performed the five rituals using MBP. Another recorded instance took place in Heidelberg in 1888, when a local *mohel* was accused of causing a number of infants to die soon after their circumcisions through his performance of MBP.⁴⁷

In 1888 a number of infants developed genital lesions following circumcisions performed by London’s most senior *mohel*, Reverend Saul Levi. Several of those infants perished as a result of the lesions. The bereaved parents were persuaded, after protracted

⁴⁵ *Ibid.*, p. 582. This portion of Dr. Taylor’s article is also cited by Leonard B. Glick in *Marked in Your Flesh: Circumcision from Ancient Judea to Modern America* (NY: 2005), p. 167. Dr. Glick devotes an entire chapter, “Good Sanitarians: Circumcision Medicalized,” pp. 149–178, to the adoption of circumcision by 19th century physicians as a medically required procedure for the prevention of penile cancer, and to suppress the transmission of venereal disease. For example, Dr. Jonathan Hutchinson, the leading syphilologist of the last third of the 19th century, was a strong proponent. In fact, he was partially anticipated by Dr. Rust, who blames the condition of phimosis for increasing one’s susceptibility to acquiring syphilis (p. 9 of his *Helkologie*, Volume 2, cited above, note 40). Recognition that medical authorities strongly encouraged circumcision should dispel any notion that bias against the procedure was responsible for the reports citing MBP as a source of infection.

⁴⁶ I obtained this reference from Prof. Judd’s thesis cited in footnote 5, p. 289.

⁴⁷ *Ibid.*, p. 292.

pleadings by community leaders, not to seek legal redress. The parents settled instead for significant reparations paid out of community funds. Keeping the matter out of the public venue of the British legal system was considered key to preserving the honor of London Jewry.⁴⁸

In response to these tragedies, the London Rabbinate assembled all the city's *mohelim* and instructed them to immediately suspend MBP. Over the ensuing decades there were no additional cases of post-*milah* complications.⁴⁹

Data regarding post-*mezizah* infections in Russia began appearing at the turn of the century. The Hebrew newspaper

⁴⁸ Although an article documenting the spread of tuberculosis via *Brit Milah* had already appeared in the leading British medical journal *The Lancet*, transmission of a venereal disease was considered far more shameful. See F. S. Eve's "Communication of Tuberculosis by Ritual Circumcision," *The Lancet* (January 28, 1888), pp. 170–171.

⁴⁹ Page 1 of *Sefer Dam Brit*, published by Alexander Tertis, a senior *mohel* of Metropolitan London (London: 1901). Reverend Tertis was a disciple of the *mohel* implicated in causing harm to these infants in 1888. Tertis attests that although *brit milah* without MBP prevented any new cases of infection, he sought to develop a safe substitute for MBP, so that the practice of *mezizah* could be restored. Toward this end, he spent the intervening twelve years attempting to create a device that could accomplish both goals, i.e., *mezizah* that caused no harm. A similar instrument had already been patented in 1888 by Rabbi Michael Cahn, the District Rabbi of Fulda. Rabbi Cahn had developed his glass cylinder in consultation with the greatest German non-Jewish scientists of the period—Robert Koch (the future Nobel Prize winner and considered by Germans the true founder of microbiology), Rudolf Virchow (the great German pathologist) and Max von Pettenkorff (the founder of the discipline of epidemiology, and a noted rival of Koch's). Rabbi Cahn also obtained the approval of Rabbi S. R. Hirsch, Rabbi E. Hildesheimer, and Rabbi Yitzchok Elhanan Spektor for his device. Tertis, however, evoking true British patriotism, believed his rubber tubing and siphon system was a significant advance over Cahn's glass-rod implement. He named his device the "Tertis Apparatus," and published *Sefer Dam Brit*, a 76-page compilation of correspondence with noted *Rabbonim* about his new device. This correspondence represents a great resource in the history of this controversy. I will draw heavily on this work in subsequent sections.

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HaMelitz gave extensive coverage to this issue. In 1899,⁵⁰ Yakov Moshe Aaron Ovitz, who had 40 years experience as a *mohel* in Vilna, shared information he had received from local physicians about many cases of cellulitis, syphilis and diphtheria transmitted via MBP. The most comprehensive treatment of this issue came from a Dr. Samuel Kohn—a physician and *mohel* from the province of Vitebsk—whose 1899 essay documenting the dangers of *mezizah* was serialized over sixteen issues of *HaMelitz*.⁵¹ In 1903 he published *Ot Brit*, a scholarly treatment of *brit milah*, which included a thirty-five page chapter focusing on MBP complications.⁵²

Returning to the American literature, the Journal of the American Medical Association published a contribution from Dr. L. Emmett Holt, who gathered forty cases of penile tuberculosis recorded in the medical literature that traced the disease to ritual circumcision.⁵³ A subsequent study written in 1946 by Dr. Evan L. Lewis and entitled “Tuberculosis of the Penis: A Report of 5 New Cases, And A Complete Review of the Literature,” found 72 out of 89 primary cases to have been the result of Jewish ritual circumcision. In enumerating these cases, Dr. Lewis writes: “The actual incidence of tuberculosis of the penis following this rite was much higher than a review of the literature would indicate...Syphilis and diphtheria have also been contracted through this act. After the turn of the last century this act was practically eliminated from the ritual so that tuberculosis of the penis is seen only rarely now.”⁵⁴

The medical literature of the past five years has documented an additional eleven cases, and the New York City Department of Health has added five cases since November 2003, resulting in one fatality and one child with significant residual neurological deficits.

⁵⁰ Issue # 128, p. 6.

⁵¹ The essay appeared in the following issues: 149, p. 6; 153, pp. 5–6; 156, pp. 6–7; 162, p. 7; 164, pp. 6–7; 170, p. 7; 173, p. 7; 178, pp. 7–8; 181, p. 6; 182, pp. 6–7; 184, p. 6; 185, p. 6; 192, p. 5–6; 195, p. 6.

⁵² *Sefer Ot Brit*, Krakow: 1903, pp. 173–218.

⁵³ I obtained this reference from Dr. Reichman’s article cited in footnote 5.

⁵⁴ Evan L. Lewis, “Tuberculosis of the Penis: A Report of 5 New Cases, and a Complete Review of the Literature,” *Journal of Urology*, 1946:56, pp. 737–745.

The three “cured” infants are still being maintained on Acyclovir, the anti-viral medication.⁵⁵

At the AOJS Modern Medicine & Jewish Law 2006 Conference, one of the presenters, Rabbi Dr. A. Glatt, declared that a local pediatrician had observed ten cases of post-*mezizah* herpes during her career. Other busy pediatricians, on the other hand, were convinced they had never encountered this complication. Obviously, the incidence of transmission is small and sporadic, but nevertheless it would be unreasonable to deny its existence, particularly when the mechanism of such transmission is in accord with all principles of the discipline of infectious disease. Yes, the laboratory “gold standard” is lacking in the current New York City cases, but when the *mohelim* involved refuse either to be studied (in the case of Rabbi Fischer) or to be identified (in the case of the last two infants who developed Herpes Simplex, in the Fall of 2005), establishing this “gold standard” becomes a self-fulfilling impossibility. Regarding Rabbi Fischer’s claim that the twin boys were afflicted with a Herpes Simplex rash before their circumcision,⁵⁶ it is directly refuted by the treating pediatrician, who noted nothing other than the typical intertriginous fungal rash prior to the *brit milah*.⁵⁷

Now, proponents of MBP argue that if it is truly a source of infection and danger, why did that not become clinically evident much sooner?⁵⁸ After all, MBP had been practiced for centuries before Dr. Rust’s report of 1811 first indicated it was a health risk.⁵⁹

⁵⁵ See the relevant data summarized in the fact sheet available at www.nyc.gov/html/std/std-bris.shtml.

⁵⁶ See Zwiebel, p. 6.

⁵⁷ Personal communication from the attending pediatrician. Of course, some may argue that the pediatrician’s claim is self-serving, but then so is Rabbi Fischer’s. Furthermore, the Department of Health’s investigation could never establish any other mode of transmission than that of MBP.

⁵⁸ See, for example, Zwiebel (p. 8), who writes: “the historical experience of the Jewish people...represents a much more powerful “case study” than that performed by any contemporary researchers.”

⁵⁹ Evidence that *mezizah* was performed via oral suction can be found not only in halakhic sources but also in at least four 16th & 17th century Christian eye-witness accounts. See E. Frojmovic’s essay “Christian Travelers to the Circumcision,” pp. 131–139, in *The Covenant of*

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The answers are quite simple. Scholars estimate that the minimum pre-modern infant mortality rate (defined as death within the first year of life) remained steady at 20–30%. In some years, German demographers recorded that only **one in three** infants survived their first year!⁶⁰ Not until the last decades of the nineteenth century did improvements in urban water supply and sanitation coupled with better nutritional support (e.g., pasteurization of milk) begin to decrease the infant death rate. This overall high mortality made attributing an infant's death to MBP difficult to isolate and distinguish as a separate process.

Furthermore, to identify disease causality, a mechanism of action has to be postulated. It was not until the late 18th century that the theory of “contagionism” took root, first among British researchers, and later among some pioneering Continental physicians. Before this paradigm shift, disease was understood as either a result of an internal derangement in the humoral balance by traditional

Circumcision, edited by E.W. Mark, Hanover, NH: 2003. These observers all note with some surprise the practice of MBP. The account of the late 16th century English tourist Thomas Coryat warrants repeating. While in Constantinople, he expressed an interest in observing a *brit milah*. “The whole company being desirous that we Christians should observe their ceremony called us to approach near the child...and after a very strange manner unused (I believe) of the Ancient Hebrews, did put his mouth to the child's yard and sucked up the blood.” Apparently, these Turkish Jews did not fear any opprobrium in allowing Christians such intimate access. Contrast this behavior with that described by A. Gross in “The Blood Libel and The Blood of Circumcision: An Ashkenazic Custom That Disappeared In The Middle Ages,” in *The Jewish Quarterly Review*, LXXXVI, Nos. 1–2 (July–October, 1995), pp. 171–174. He documents that the original Ashkenazi *minhag* was to place, at the synagogue's entrance, the blood-soaked cloth used by the *mobel* to wipe his hands and mouth “to publicize the *miqvah*, as they publicized the blood of circumcision and the blood of the Paschal sacrifice in Egypt, when they placed it as a sign on the lintel.” Gross contends that this practice disappeared once accusations of the blood libel were directed at Europe's Jews.

⁶⁰ See the chapter entitled “Urbanization, Infant Mortality, and Public Health in Imperial Germany,” by J. Voegelé, p. 109, found in *The Decline of Infant and Child Mortality: The European Experience 1750–1990*, edited by C. A. Corsini and P. P. Viazzo, The Hague: 1997.

Galenists; or as secondary to external atmospheric factors (“miasma”), which was the explanation rendered by the “progressive” physicians of the 16th and 17th centuries.⁶¹ Therefore, attributing an infant’s illness to contagion or spread from one individual to another was not yet an available option for physicians (or anyone else, for that matter) before the nineteenth century.

Another critique of the theory of MBP spreading disease could consist of the following: how can we trust that these 19th century clinicians arrived at the correct diagnosis? Precisely because the overall infant mortality was so high, isn’t it likelier that these infants dying after MBP were suffering the same illnesses that afflicted their female and non-Jewish cohorts who did not have this particular risk? Again, the answer is straightforward. The diseases that were then responsible for the great preponderance of infant morbidity and mortality were a) scarlet fever and diphtheria, causing severe throat inflammation and breathing difficulties; b) cholera and other gastro-intestinal pathogens that produced fatal dehydration secondary to unremitting diarrhea; c) smallpox and measles; and d) respiratory diseases secondary to pulmonary infections.⁶² All these entities were easily distinguishable from the post-MBP genital ulcerations, which first alerted those 19th century physicians to the dangers of MBP.

When we consider that it was not until 1877 that Louis Pasteur first proved transmission of an infectious microbe from subject to subject, it is comprehensible that many *poskim* refused to accept the untested hypotheses of earlier 19th century physicians and continued to argue for the **perfect** safety of MBP. That position, however, is certainly no longer credible. As Rabbi Yisroel Reisman acknowledges: “No new ground has been broken in the debate regarding *metzitzta b’peh* during the last hundred years. Few (if any) new *teshuvas* on the topic exist, aside from those that simply reflect the older literature.”⁶³ When we consider that many of the pro-MBP

⁶¹ See Margaret Delacy, “The Conceptualization of Influenza in Eighteenth-Century Britain: Specificity and Contagion,” *Bulletin of the History of Medicine*, 1993, 67:74–118.

⁶² See Voegelé, pp. 113–115.

⁶³ Rabbi Y. Reisman, “A Call to Reason: Focusing the Debate” in *The Jewish Observer*, April 2006, pp. 22–27. The quote is found on p. 23.

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adherents rely on Responsa that pre-date the recognition of the germ theory of infectious disease, the question of the continued relevance and dispositiveness of that material should certainly be posed.

Nevertheless, as pointed out by Shabtai and Sultan:

Much of the scientific literature from the late nineteenth and early twentieth century adduced to defend the practice is no longer considered valid and is not relied upon medically...Many of these authorities were unaware of many of the myriad infectious agents known today and therefore could not have considered their effects appropriately. R. Goldberger quotes extensively (p. 26) from Dr. Sherhai (*Meishiv Nefesh*) indicating the “current” medical opinion of 1906 that was unaware of blood-borne pathogens. **Today we are aware that many pathogens live, replicate and cause infection in the blood, making Dr. Sherhai’s discussions no longer relevant but nonetheless cited by R. Goldberger as authoritative.**⁶⁴

In 1991, Rabbi Y. B. Goldberger prepared an English translation of his “*Brit Kerutah le-Sfatayim*,” entitled “*Sanctity and Science*.” The publisher’s recommendation defines the work as “a review of **the latest scientific research demonstrating the safety and desirability** of *b’rit milah* as performed by the traditional method.” Apparently Dr. Sherhai’s opinions expressed in 1906 still qualify as “the latest scientific research.”⁶⁵

The Hatam Sofer’s Position

While it is generally known that R. Moses Sofer (1763–1839) issued an uncharacteristically lenient ruling regarding *meizizah be-peh*, the proponents of the practice have succeeded in enveloping this opinion in a haze of obfuscation that has essentially nullified its message

⁶⁴ Shabtai and Sultan (cited above in note 5), p. 37.

⁶⁵ It is also more than a bit ironic that century-old “experts” are considered reliable, whereas current leaders in the fields of epidemiology, public health, and infectious disease are not considered credible.

entirely. The recipient of this Responsum, Rabbi Elazar Horowitz, Chief Rabbi of Vienna since 1829, was a disciple of the Hatam Sofer, and had been sent to Vienna upon his recommendation. By 1846, Rabbi Horowitz was compelled to vigorously defend himself against charges that he had fabricated the entire Responsum.⁶⁶ He stressed that he had enacted Rabbi Sofer's ruling immediately upon receiving it, in the spring of 1837, two and a half years before Rabbi Sofer died. The short distance between Vienna and Pressburg of only 35 miles, and the extensive traffic and family connections between these two cities, ensured that the information traveled back to Pressburg at once. If his opponents were correct, why had the Hatam Sofer refrained from exposing the forgery? Rabbi Horowitz further informs his audience not only that he is still in possession of the original correspondence, but that he also received two follow-up letters from his revered teacher, affirming his original *psak*. He cites one of these: "As for my original Responsum regarding *mezizah*, I wish to add that although I permit *mezizah* via another method [i.e., a gauze sponge] without utilization of the *mohel's* mouth, nevertheless I still permit the method of MBP on *Shabbat*, because utilizing the sponge also entails *hillul Shabbat*."⁶⁷

⁶⁶ Rabbi Horowitz's response to an attack by an anonymous critic (likely a Hamburg-based disciple of Rabbi Ettlinger) that had appeared in the periodical *Der Treuen Zionswächter* (August 25, 1846, pp. 285–291) can be found in *Der Orient* (1846) # 43, pp. 338–340; and # 44, p. 345.

⁶⁷ *Ibid.*, p. 345. In 1850, Rabbi Binyamin Zev Wolf Löw, Chief Rabbi of Verbau, Slovakia and author of the celebrated *Sefer Sha'arei Torah*, wrote a long Responsum to Zvi Hirsch Lehren, the Ashkenazi *Rosh ha-Kahal* of Amsterdam, instructing him how best to deal with an overly pious *mohel*. This individual, aware that physicians no longer considered MBP beneficial, refused to perform MBP on *Shabbat*, because without any therapeutic benefit it was simply an act of *hillul Shabbat*. Rabbi Löw's analysis accepted the premise that the nature of people has changed and so omitting MBP no longer entails any danger to infants. For that precise reason, he argued, performing MBP on *Shabbat* can no longer be characterized as having any constructive purpose – "Therefore, *mezizah* which has absolutely no *tikkun* of the *mizvah* of *milah*, and as there is no danger in omitting it, it is clear that there is no *issur de-'oraita* at all [in performing *mezizah* on *Shabbat*] and there remains only an *issur de-rabbanan* of *mekalkeil*," which is not enough of a violation to

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Yet allegations that the entire communication might be a fabrication continue to be aired.⁶⁸ Another tactic employed is to acknowledge the authorship of Rabbi Sofer, but attenuate its import by claiming it was a *Hora'at Sha'ah*—a specific ruling given only for that time (1837) and place, Vienna, and having no relevance for anyone else. The “background” for this explanation relies on creating a persona around this Viennese *mohel* responsible for transmitting the fatal infection as someone too well-connected to the Hapsburg Imperial Court to be able to be relieved of his duties.⁶⁹ The complete

stop the performance of *minhag Yisrael*. This Responsum appeared initially in *Shomer Ziyon ha-Ne'eman*, serialized in fascicles 93 through 98. A slightly modified version, based on the author's original autograph manuscript, was published by Rabbi E. Marder, appended to his edition of Rabbi Yaakov Emden's *Drush Pesah Gadol* (Podgorze, 1900). The excerpt quoted above appears on page 19, column b of the Podgorze edition. Both versions of this Responsum were reprinted by the Makhon Beit Aharon ve-Yisrael of Mosdot Karlin-Stolin in *Shu"t Sha'arei Torah ha-Hadashot* (Jerusalem: 2005), as Responsa' #2 and #3. The quote cited above appears at the bottom of page 8, column a of the Jerusalem edition, with the deletion of the phrase “of the *mizvah* of *milah*” and the addition of the phrase “in those locations where there is no danger in omitting it.” (These editorial changes, however slight, appear designed to attenuate the impact of these remarks.) In any event, Rabbi Löw's ruling provides an authoritative basis for our current halakhic practice of performing *mezizah* on *Shabbat*, whether by direct oral contact or with the interposition of a tube. For later authorities who dealt with this concern, but who were apparently unaware of the *Sha'arei Torah*'s compromise, see Rabbi Yaakov Neuberger's “Halakhah and Scientific Method” in *The Torah u-Madda Journal*, Volume Three, 1991-1992, pp. 82-84.

⁶⁸ Most recently at the AOJS Modern Medicine & Jewish Law Conference, Symposium on *Metzitzah B'Peh* on February 19, 2006. Rabbi Dr. A. Glatt presented the Hatam Sofer's authorship of this ruling as still being the subject of legitimate difference of opinion, noting that some of his most illustrious disciples maintained it was a forged Responsum. This belief is no longer valid, as I will demonstrate.

⁶⁹ It is curious how those far removed in time and place from the events in 1837 Vienna seem to know more about the particulars than Rabbi Horowitz himself, who could have easily deflected the opprobrium

non-sustainability of this contention is obvious to anyone who cares to read R. Sofer's own remarks, where there is absolutely no reference to any concept of this being a limited ruling.⁷⁰ Rabbi Sofer does not even provide any hint that his analysis is contingent on any particular or unique circumstance regarding a specific problematic *mohel*.

How then are we to interpret the Hatam Sofer's leniency in this matter and his apparent lack of concern about altering a traditional practice?⁷¹ What is particularly unexpected in his ruling is that he does not even accord *mezizah be-peh* the status of *minhag*, for had he considered it as such, we can be confident that he never would have sanctioned any tampering with it. The Hatam Sofer was absolutely unyielding in the necessity of maintaining the observance of all *minhagim*, according the non-observance of a *minhag* equivalent to violating a Biblical prohibition.⁷²

The answer is really quite simple. In 1837, it was inconceivable to the Hatam Sofer that circumcision could be subject to Reformist pressures, because no male born to Jewish parents could be registered by the local municipality unless he underwent a

from his rabbinic colleagues by invoking the constraints of removing such a powerful figure as this well-connected *mohel*!

⁷⁰ See the facsimile of the initial publication of the Responsum reproduced at the end of this article. Therefore, reports that the original manuscript copy of the Responsum, currently in the possession of a London-based descendant of the Hatam Sofer, bears a notation—*hora'at sha'ah*—purportedly emanating from the Hatam Sofer's son or a disciple of his, do not add one iota of credence.

⁷¹ At first blush, the Hatam Sofer's dismissal of the kabbalistic basis of MBP might seem out of character. But as Marc Shapiro demonstrates, the Hatam Sofer used precisely this formulation in nine other Responsa, and it is to be thus interpreted: "in halakhic matters, in particular when normative halakhic tradition is challenged by positions advocated in mystical texts, in the course of this controversy kabbalistic traditions are not authoritative." See p. 305 in his essay "Rabbi Moses Sofer's Intellectual Profile," in *Beerot Yitzchak: Studies in Memory of Isadore Twersky*, (Cambridge, MA: 2005), pp. 285–310.

⁷² For a superb synopsis of the Hatam Sofer's uncompromising adherence to *minhagim*, see Rabbi Daniel Sperber's *Minhagei Yisrael*, Volume 2 (Jerusalem: 1992), pp. 188–190.

brit milah. Non-affiliation with a religious community was not an option—a newborn was either baptized into the Christian community or, if a Jewish newborn, registered as a member of the Jewish *Kehillah*, and for males this required a *brit milah*. Thus, the Ḥatam Sofer was able to issue a purely halakhic ruling—devoid of any meta-halakhic considerations.⁷³

All of this complacency regarding circumcision came to an abrupt end in the early 1840s (several years after the Ḥatam Sofer's death). First, a group of young Frankfurt intellectuals issued a challenge to the Reform leadership upbraiding them for their timidity in limiting their innovations of Jewish practice. Specifically, they questioned the necessity of *brit milah* as a pre-requisite for Jewish affiliation. This radical demand was too extreme for the Reformist leadership; nevertheless, at the first Reform synod held in Braunschweig in 1844, the attendees endorsed a ban on the practice of *meẓizah*. One of the speakers at the conference emphasized that even among the extremely traditional Jews in Germany the practice of MBP was declining.

Once news of this was disseminated, it elicited a vigorous counterattack from the camp of the traditional community, who could not tolerate or fathom how one of the pillars of orthodoxy—the Ḥatam Sofer—could possibly have conceded that an element of traditional ritual practice was problematic and so could be modified drastically. This discomfiture resulted in creating a counter-narrative to deny entirely or blunt significantly the very straightforward and direct *psak* of the acknowledged *Gadol ha-Dor* of the first half of the 19th century. This counter-narrative was helped immeasurably by the Ḥatam Sofer's descendants who, not surprisingly, ensured that the Responsum was not included in the published Responsa of the Ḥatam Sofer, which appeared in six volumes between the years 1841 and 1864.⁷⁴

⁷³ I am indebted to the article of Katz, cited above in footnote 5, for this entire section.

⁷⁴ Even in the absence of any deliberate suppression, there were difficulties in reproducing all of the Responsa recorded in the Ḥatam Sofer's notebooks. For example, the title page of the first published volume promised a total of 1,377 Responsa, but at the conclusion of the six-volume project, only 1,058 Responsa were actually printed. The

44 : *Hakirah, the Flatbush Journal of Jewish Law and Thought*

In fact, the Ḥatam Sofer's original Responsum appeared in print only once—in early 1845—in the pages of the first issue of a Hebrew literary periodical issued in Vienna, entitled *Kokhvei Yizhak*. Its editor, Mendel Stern, was a native of Pressburg and had served as a tutor in the Ḥatam Sofer's household, instructing his children. This publication was not the usual kind of reading material favored by the disciples of the Ḥatam Sofer, and so it is not surprising that many 19th Century authorities could seriously doubt the veracity of this attribution. However, to continue to maintain these doubts or posit qualifications such as “*hora'at sha'ah*” given the state of information available today is simply wrong.

Perhaps the *posek* most responsible for creating resistance to accepting the Ḥatam Sofer at face value was the Maharam Schick, who is relied upon by both Zwiebel⁷⁵ and Rabbi Yisroel Reisman, who invoked his authority as the leading disciple of the Ḥatam Sofer in his address to the AOJS Modern Medicine & Jewish Law 2006 Conference as well as in an article based on that lecture published in the April 2006 *Jewish Observer*.⁷⁶

There is certainly no one capable of denying the status of the Maharam Schick as a leading *posek* and communal leader of the second half of the 19th century, and as the *Gadol* who came closest to

publisher was constrained to place the following ad in the literary supplement to *HaMagid*—a leading Hebrew newspaper (Year 8, 1864, 15 Av edition): “I have heard numerous complaints that I have deleted many Responsa from the Ḥatam Sofer's collected Responsa and that I have not fulfilled the totals I had promised (on the original title page of the first volume). Lest I be suspected of shortchanging the purchasers because of any desire to lessen the expenses of printing, I come today to apologize before my nation and to inform all that the cause of the shortfall is simply due to the unavailability of all the Responsa recorded in our Master's notebooks.” Signed—Yosef Schlesinger Ginz. See Avraham Halevi Schischa's essay “*He'arot Bibliografot le-Sifrei ha-Hatam Sofer u-le-Tshuvotav*” in *HaMa'ayan*, 9, pp. 50–54, Jerusalem: 1969.

⁷⁵ Page 7 of his article in *The Jewish Observer* cited above.

⁷⁶ A tape or CD of the lecture is available from the AOJS @ 718-252-5274. A modified version of the lecture appeared in *The Jewish Observer* cited above. Page 23 of this article contains Rabbi Reisman's citation of the Maharam Schick's version limiting the general application of the Ḥatam Sofer's Responsum.

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inheriting the mantle of leadership of his teacher, the Ḥatam Sofer. But, his ascendance to that stature occurred **after** his teacher's death. He studied in Pressburg under the Ḥatam Sofer from age fourteen until age twenty. He then married and moved to his father-in-law's village of Halitsch, where he engaged in intensive Torah study, without being burdened by any role as a *rav*. This predominantly private study lasted for eleven years, until financial reverses suffered by his father-in-law made it imperative that he seek his first position as a *Rov*. In 1838, a year or so before his teacher's death, he was chosen by the villagers of Szent György (Georgen) to serve as their rabbi. The Ḥatam Sofer certainly did not consult Rabbi Schick (who at that time was still engaged in private study in Halitsch) before composing his 1837 reply to another former student—Rabbi Horowitz, Chief Rabbi of Vienna since 1829. Rabbi Schick certainly did not receive any **direct** information on this issue from his revered teacher,⁷⁷ **for if he had, he most certainly would have mentioned it at some point in the two Responsa that he composed regarding MBP.**

A close analysis of these Responsa will verify our contention. The first, written in the early 1850s, is a lengthy reply to a *mohel* who seeks guidance about remaining at his post after his community has banned *meẓizah*.⁷⁸ Rabbi Schick's retort indicates that he did not fully comprehend what critics of *meẓizah* were concerned about, for it is based primarily on the assumption that the controversy regarding *meẓizah* was created by the contention of contemporary physicians that MBP did not provide any benefit to the newly circumcised infant. Rabbi Schick counters that medical opinions are relevant only for the standard patient, whereas halakha considers the fate of every individual to be of critical importance—**"When it comes to matters of *pikuah nefesh*, we do not adhere to the principle of "follow the majority," rather even if there is only one child among many**

⁷⁷ The Ḥatam Sofer did spend at least one *Shabbat*, in 1838, visiting the newly appointed *Rov* of Szent György. But the visit was marred by the Ḥatam Sofer's discovery of a copy of Moses Mendelssohn's *Bi'ur* in his disciple's home. See S. Z. Leiman, "R. Moses Schick: The Ḥatam Sofer's Attitude toward Mendelssohn's *Biur*," *Tradition* 24, No. 3, (Spring 1989) pp. 83–87.

⁷⁸ Responsa Maharam Schick, *Yoreh De'ah*, # 244.

tens of thousands that may come to a danger, we are required to violate the laws of *Shabbat* for that child and perform *meizizah*.”⁷⁹ Rabbi Schick never refers to the Hatam Sofer, and apparently was still unaware that communities were banning MBP because it directly harmed infants, and not because it conferred no health benefits.

More than two decades later, Rabbi Schick had occasion to re-visit this issue,⁸⁰ and by now was fully acquainted with claims of harm caused by MBP. He begins his reply by denying that MBP can cause harm,⁸¹ and referring to the case of the Viennese *mohel* as “presumably”⁸² a situation of “*hora’at sha’ah*” and “*sha’at ha-dehak*.” Rabbi Schick never claims that he heard this explanation from the Hatam Sofer himself, or from any of his descendants, or from Rabbi Horowitz. Furthermore, the recipient of this 1877 Responsum, which was so relied upon by Rabbi Reisman and Zwiebel, described it this way:

“He [Rabbi Schick] **did not wish to know** that his teacher, the Gaon, the Hatam Sofer, permitted the performance of *meizizah* via manual pressure. He sought out prohibitions from scattered citations that have no bearing on the issue.”⁸³

Further proof that the Hatam Sofer did not consider MBP a component of the *Mizvah* can be found in his *Hiddushim to Masekhet Shabbat*, 106a, where he questions why every *Shabbat brit* is not

⁷⁹ *Ibid.* Rabbi Schick cites testimony from “Professors” who defend the medical benefits of MBP in support of his opinion. (Were he aware of current medical science, which knows of no such medical benefits, might he too not come to a different conclusion, and perhaps append “not” before the last clause. In any event, the sentiment expressed in this pronouncement matches exactly the thinking of the anti-MBP forces.)

⁸⁰ Responsa Maharam Schick, *Orah Hayyim*, # 152.

⁸¹ “Anyone claiming that *meizizah be-peh* is a danger or harmful to infants is stating an absolute falsehood.”

⁸² The Hebrew phrase he uses is “*nir’eh mevū’ar*.”

⁸³ *Responsa Rashban*, # 144, Satmar: 1900. The Rashban is an acronym for Rabbi Salomon Schuck, District Rabbi of Karczag, Hungary, who was both a relative of the Maharam Schick and his disciple. He also wrote, among his many halakhic works, a biography of his famous teacher entitled *mi-Moshe ‘Ad Moshe*, Munkacs: 1903.

performed at twilight so that the *mezizah* can be performed after nightfall and thereby eliminate the *hillul Shabbat* of *mezizah*. He ultimately rejects this proposal and upholds the universal practice of a *Shabbat* morning ceremony on the grounds that the *mizvah* of the *brit milah* itself (i.e., the *hituch* and *peri'ah*) should be performed as early on the eighth day as possible. At this point then there is no longer any option but that the *mezizah* follow immediately, even though it entails a violation of *Shabbat*. It is evident, however, from his entertaining of the initial proposal, that the *mezizah* component is **not** part of the *mizvah* of *milah*, which may never be performed after nightfall.⁸⁴

The Views of the Late 19th Century Lithuanian *Gedolim*

Since a significant proportion of the non-Hasidic Orthodox population in both America and Israel considers itself “*Litvish-Yeshivish*,” it is critical to determine the position of the Lithuanian *Gedolim* in the *mezizah* controversy. In 1972, Rabbi Moshe B. Pirutinsky, a prominent New York City *mohel*, published a work entitled *Sefer ha-Brit*. As customary, the author gathered approbations—*haskamot*—to convince potential buyers of the halakhic reliability of his writings. What is remarkable about this *sefer* is the stature of those issuing the *haskamot*. Appended to the work were approbations from nearly all the leading *Roshei Yeshiva* of the *Litvishe* community—Rabbis C. Shmulevitz, Y. Hutner, Y. Ruderman, M. M. Zaks, M. Gifter, M. Feinstein and S. Kotler. Rabbi Zaks explains that while normally he doesn’t issue *haskamot*, Rabbi Pirutinsky’s status as a former student at the *Hafez Hayyim Yeshiva* in Radin, Poland, warrants an exception. Rabbi Pirutinsky re-issued the work six years later with no modifications. The reliability of the work therefore appears well-founded.

Rabbi Pirutinsky devotes a long section of his work to the issue of MBP, and cites much of the previously discussed material.⁸⁵

⁸⁴ This proof is taken from *Sefer Hatam Sofer ‘al Brit Milah*, by Dovid Deutsch (Jerusalem: 2003), p. 183.

⁸⁵ All the following citations are found on pp. 223–225 of *Sefer ha-Brit*.

But the nature of his selections indicates a distinct bias in favor of using a device such as a glass tube instead of direct oral contact. For example, he includes the entire 1899 Responsum by Rabbi Shlomo HaCohen, who served as the primary *Moreh Zedek* of Vilna from 1865 until his death in 1906.⁸⁶ The halakhic ruling, directed to the Reverend Tertis of London, reads as follows:

“I come to inform you that your letter regarding the permissibility of utilizing an instrument to perform *mezizah* arrived and I respond with amazement at the nature of this question. It is well-known to every Rabbi and discerning person that the commandment of *milah* is comprised of cutting the foreskin and tearing the mucus membrane. As far as *mezizah* that is mentioned in the Mishnah, the Talmud and the Codes, it has no bearing or connection to the *mizvah* of *milah* that we have been commanded by the Torah, rather it is a matter of health and healing of the newborn. The entire matter of *mezizah* is only to remove the danger. It is not recorded any place in *Hazal* in what manner to perform *mezizah*, because it is known that therapeutic measures change from period to period and location to location. In the Talmud we find many therapeutic measures provided for many illnesses, but in our time we never heard that anyone should utilize these therapies recorded by *Hazal*. Rather, we follow the therapies selected by the contemporary physicians since the nature of people and therapies have changed from the time of *Hazal*. So in each generation the therapeutic measures change. So too with the therapy of *mezizah*.

⁸⁶ Rabbi Shlomo HaCohen was, to all intents and purposes, the Chief Rabbi of Vilna during this forty-one-year period. But he could not be designated as such because of the *takkanah*, agreed upon in 1793, to avoid the formal appointment of a chief rabbi. Since that time, there was a large stone placed on the rabbi's chair to symbolize this resolution. This drastic act followed a thirty-year conflict between the community and its Chief Rabbi, Shmuel ben Avigdor. That hostility resulted in denunciations and arrests, and included the imprisonment of the Gaon of Vilna, who was a partisan of the intensely unpopular Shmuel ben Avigdor. Only Shmuel ben Avigdor's death in 1793 brought the conflict to a resolution.

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Apparently it was formerly the custom to perform MBP, as we see from the writings of many authorities. Until about ten years ago, when there was an agreement among many expert physicians that the method of *mezizah* must be changed, no longer to practice MBP but rather to utilize a dressing to accomplish the *mezizah*, and the *mohelim* of many communities accepted this new method. Thank God we have not seen any damage or pain to the newborns who underwent *mezizah* by the method of dressing the wound. It is possible that in other lands there are newer techniques offered by the local expert physicians to accomplish the *mezizah*, and it is appropriate to follow these new methods. This entire matter is not something that requires rabbinical input, but rather requires the input of expert physicians. Therefore, I cannot really respond to his query, since I am not knowledgeable in medical affairs.”

Other *Litvishe* authorities, who expressed similar sentiments, are cited, including Rabbi Y. Y. Rabinowitz, the Chief Rabbi of Ponevez, and Rabbi Eliyahu Klatzkin, at that time the Chief Rabbi of Mariampol, but later to gain fame as the Chief Rabbi of Lublin.⁸⁷ Rabbi Chaim Berlin, too, is quoted: “I wonder at your efforts to gather rabbinic opinions approving the new method of *mezizah* via a tube, since does one need to permit the permitted and to proclaim pure that which is pure? Nowhere is it recorded in *Hazal* that *mezizah* needs to be performed exclusively by oral suction. Nevertheless, one should not change the old practice of oral suction except when there is any **possibility** of any danger.”

Rabbi Elyakim Shapiro, the Chief Rabbi of Grodno, writes, “I remember when I was young that there were many unfortunate episodes caused by MBP from one with an unclean mouth. To substitute direct oral suction by utilization of a tube is clear to us to be totally permitted without any hesitations.” Other notable authorities cited as permitting a substitute for MBP (utilizing either a tube or manual pressure) include the author of the *‘Arukh ha-Shulhan*,

⁸⁷ Rabbi Klatzkin’s general medical expertise was legendary in his city of Lublin. See the article “*ha-Rav Eliyahu Klatzkin, Raba’d of Lublin*,” by Rabbi M. Ze’irah in *Yeshurun* 15, pp. 745–797, esp. p. 781.

the author of the *Divrei Malkiel*, Rabbi Dovid Friedman of Karlin, and Rabbi Chaim Ozer Grodzinski. Rabbi Pirutinsky then contributes additional information:

“It is well-known that in the year ⁸⁸ Rabbi Chaim Soloveitchik, the Chief Rabbi of Brisk, summoned the *Mohelim* of his community and instructed them to cease performing MBP.⁸⁹ Many other Gedolim have corroborated this information. So too, I have heard from the holy Gaon, Rav Aaron Kotler, who said to me, ‘I have always seen Gedolim who have stopped the practice of MBP. However, I will not stop you if you choose to perform MBP.’”

Finally, Rabbi Pirutinsky cites the *Hazon Ish* as consenting to serve as *sandek* even when MBP was not performed.⁹⁰

⁸⁸ The blank space is in the original, as Rabbi Pirutinsky apparently forgot to supply the missing information.

⁸⁹ Rabbi Pirutinsky cites a personal communication from Rabbi Aaron Soloveitchik as his source. Rabbi Yosef Dov Soloveitchik confirmed this independently (see Rabbi Shachter’s *Nefesh Harav*, p. 242, NY: 1994). Jerusalem-based contemporary descendants of the Brisker Rav would have us believe that, just as the pro-MBP forces claim in the case of the Viennese *mohel* active in 1837, this was also somehow due to the impossibility of sidelining *one* specific *mohel* (who was responsible for the transmission of disease to the infants) because of his stature in the community. (See *Halacha Berurah*, cited above in note 5, p. 6.)

⁹⁰ *Sefer ha-Brit*, p. 418. Rabbi Wosner, in his Responsa *Shevet ha-Levi* (Vol. 1, # 131) renders the *Hazon Ish* into an opponent of using a glass tube for *mezizah*. However, other reliable informants, including Rabbi Greineman, insist that the *Hazon Ish*, in keeping with his native Lithuanian practice, did not consider MBP even a *biddur mizyah*. A prominent local *mohel* attests that this too was the *psak* he personally received from Rav Shlomo Zalman Auerbach in the late 1980s. When asked why he did not publicize his position, Rav Shlomo Zalman replied, “I am too old and too weak to withstand having bricks hurled through my windows.” It must be acknowledged that not all *Litvishe* authorities were willing to forgo MBP. In 1909, Rabbi Moshe Mordechai Epstein, *Rosh Yeshiva* and *Rav* in Slabodka, issued a Responsum (*Levush Mordechai*, # 30) in which he entertains the claim that without MBP, the *brit milah* may not be valid, and such an

The *Hafez Hayyim*, in a terse comment in his *Bei'urei Halakhah* (331:1), appears to rule in favor of the position of Rabbi Elazar Horowitz (i.e., accepting the dispensability of MBP).⁹¹ Rabbi Mordechai Zimmerman, a prominent Brooklyn-based *mohel*, who received his training in Vilna during the last half-decade before WWII, publicly attested that **no one in Vilna practiced MBP**. In fact, during his entire stay in Lithuania he witnessed only a single

individual might be forbidden to partake of the *Korban Pesah*. This notion was first raised by Rabbi Y. L. Diskin. However, Rabbi Y. Z. Stern (in his Responsa *Zekher Yehosaf, Orach Hayyim* # 106, p. 49) and Rabbi M. Feinstein (in his Responsa *Iggerot Moshe, Yoreh De'ah*, I, # 223, p. 491) among others, completely dismiss this idea, with Rabbi Stern suggesting that surely the great Rabbi Diskin meant this only as a playful comment, and it was misunderstood by his London-based interlocutor (Rabbi Lazerowitz) to represent a serious remark. Rabbi Pirutinsky does not cite Rabbi Epstein, perhaps because he considered his opinion to be so at odds with his *Litvishe* colleagues. Rabbi Epstein's proof is as follows: "Since sucking blood and placing the bloody *eiver* in one's mouth are so repulsive, how can anyone be so dense as to presume that this process was instituted without it being an essential part of the *mizvah*." With all due respect, there have developed other equally repulsive practices that certainly are not part of any *mizvah*, but were thought to be therapeutic. For example, Rabbi Hayyim Yosef David Azulai (in *Mahzike Berakhah*, # 79) and Rabbi Hayyim Palachi (in *Refu'ah ve-Hayyim*, p. 35b) specifically allow the *minhag* of providing the freshly removed foreskin to barren women (defined as those who have as yet not borne male infants), who then ingest it and expect to be cured of their condition. Another gruesome practice, recorded in *Sefer Zikhron Yaakov Yosef* by Rabbi Y. Y. Rubinstein (printed in Jerusalem in 1930, with an *haskama* from Rabbi Yosef Hayyim Sonnenfeld) directs that epileptics be given a potion containing a young maiden's first menstrual blood as a cure for their seizure disorder.

⁹¹ Both Rabbi Waldenburg and Rabbi Vosner were quite unhappy with this formulation of the *Hafez Hayyim*, and explained it by claiming that no doubt the *Hafez Hayyim* never saw the primary sources, but was misled by relying on secondary sources. See *Otzar ha-Brit*, Volume 4, p. 18.

incidence of MBP—when the *Brit* was conducted by a visiting *mohel* from Warsaw.⁹²

It should be obvious from these testimonies that the “*Litvishe-Yeshivishe*” community’s current alliance with the Ḥasidic efforts to “preserve” **their** holy practice of MBP from the depredations of the New York City Department of Health is more of a recovered text-based practice than an actual preserved tradition.⁹³ In fact, Rabbi Reisman in his previously cited article in *The Jewish Observer* concedes that:

“Lithuanian Jewry, following leading authorities in their communities, did not consider *metzitzta b’peh* as an obligation...”⁹⁴

Conclusion


I hope this excursion through the arcana of medical history has not obscured the basic message that paramount halakhic authorities, such as the Ḥatam Sofer and most of the *Litvishe Gedolim*, accepted at face value the **nascent** medical evidence that MBP poses a risk. Now that the process of person-to-person transmission of infection is so firmly established, can we really be cavalier about that risk? For example, the CDC Hepatitis C guidelines include the risk of transmission of this deadly disease via even occasional sharing of a toothbrush! Can

⁹² The claim, cited in *Halacha Berurah*, p. 6, attributed to Rabbi Y. Kamenetsky, that there was only a **single** *mohel* in Vilna who refused to practice MBP, and that he died from a horrible throat affliction (presumably *middah kenegged middah*), is quite problematic, since it appears contrary to the evidence presented above. Rabbi N. Kamenetsky, the celebrated biographer (and son) of Reb Yaakov, in a personal reply to my inquiry, could neither confirm nor impugn this attribution.

⁹³ This too would be another example of the phenomenon so perfectly described by H. Soloveitchik in his landmark article “Rupture and Reconstruction” *Tradition*, 28, No. 4 (Summer 1994), pp. 64–130.

⁹⁴ P. 23 of *The Jewish Observer* article cited above. This acknowledgment represents somewhat of a change since Rabbi Reisman’s February 2006 AOJS lecture that served as the basis of the article, since Rabbi Reisman had declared at that time “that for the **majority** of Jewish communities, *Knesset Yisroel* has *paskend* in favor of MBP.”

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we guarantee that no *mohel* performing MBP can transmit this illness, which can be latent for several decades? Can our community anticipate a *nes nigleh* each time MBP is performed? 

Appendix

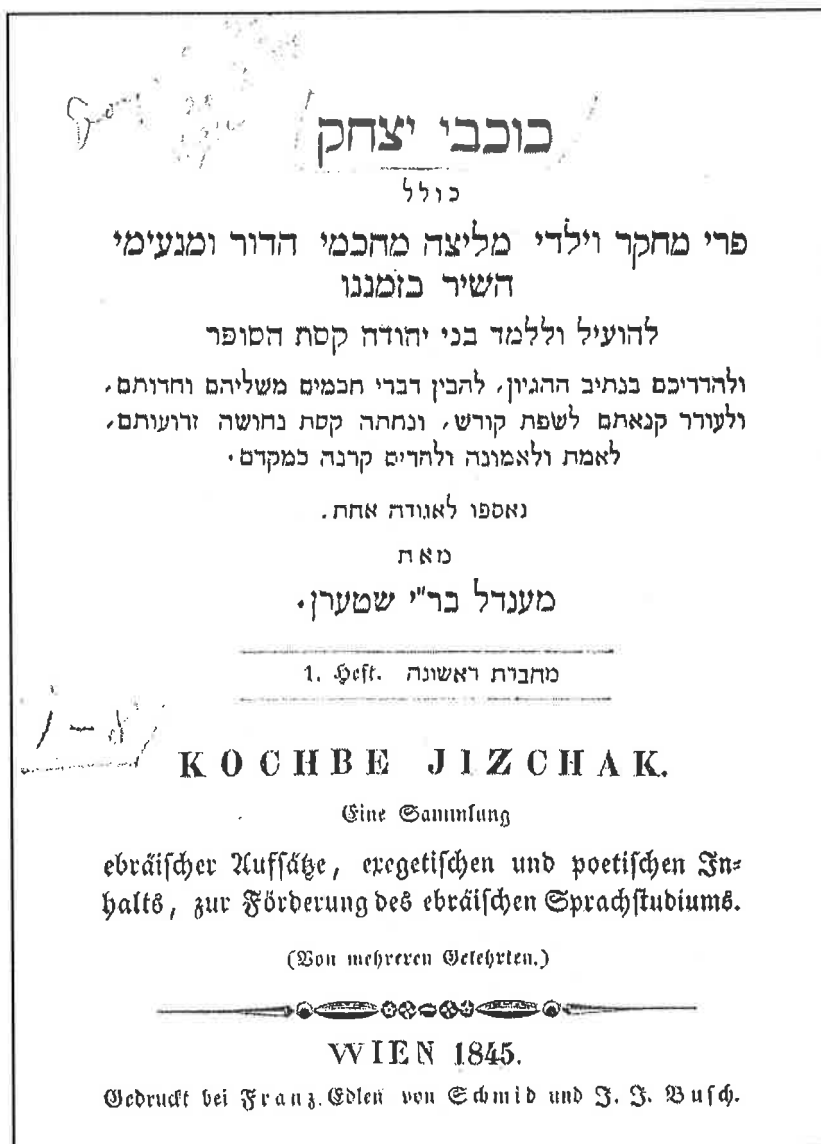
Title-page of the periodical that first published the correspondence of the Ḥatam Sofer regarding *mezizah be-peh* 55

The complete correspondence between the Ḥatam Sofer, Vienna's Chief Rabbi and the Physician in Chief of the Viennese Jewish Hospital 56

Title page of the first medical text documenting illness arising from *mezizah be-peh* 64

First clinical reference to a fatal epidemic arising from *mezizah be-peh* 65

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Title-page of the periodical that first published the correspondence of the Hatam Sofer regarding *mezizah be-peh*.

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היספק בשכלו? — היספק בנפשהו?
ולמה יספק באיון כל — אדון חייו?

ולמה יתרגו כי ירי הכתהו
הן חפץ — אלוה נפשו שמתהו
ומה זה אם יצעק עלי מרה,
אם כלי יצרו הנני, רוהי ורה?

ואם יוכח במכאוב מרגב עפר ואדמה,
הן גם גופו מעפר ואך רוח הנשמה? —
ויבש חשוואל ופניו חפרו
וברכה וחלל על ראש כהן גברו.

(Nach dem Persönlichen.)

אברהם פריעדלצנרער.

(מציצה). Ueber Meziza.

Wir verdanken die Mittheilung folgender, ihrem Inhalte und Resultate nach, für das Allgemeine äußerst wichtigen Briefe und Dokumente, der Güte des Herrn Rabbiners Lazar Horwiz in Wien. Es sind diese um so mehr der Veröffentlichung und Ausbreitung würdig, indem sie ein von Benanntem gegebenes Votum enthalten, das auf die Begutachtung einer rühmlichst anerkannten talmudischen Autorität, wie Moses Schreiber s. A. in Pressburg basiert ist. Und das schmerzliche im ersten Briefe mitgetheilte Faktum, das den fraglichen Punkt in Anregung brachte, und auch die Approbation dieser rabbinischen Celebrität ohne Weiteres herbeiführte, empfiehlt sich um so mehr der allgemeinen Verhergung und Nachahmung in allen Gemeinden Israels, jemeher die Verdächtigung der bisher bestehenden Form der Meziza (mit dem Munde) thatsächlich hieraus erwiesen: indem sie nicht nur als ekelhaft im Allgemeinen, sondern speziell als Gefahr und Unheil bringend sich beurkundet, und die, nach Uebereinkunft der Herren Vertreter, seitdem bereits hier eingeführte Reform dieses religiösen Aktes, der Heilung der

The complete correspondence between the Hatam Sofer, Vienna's Chief Rabbi, and the physician in chief of the Viennese Jewish Hospital (fig. 1 of 8.)

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Operation, dem Ausspruche hiesiger Aerzte zu Folge, weit förderlicher, als die frühere Form, ist.

מה ראיתם עשיתי, כהירו ועשו כמוני!

Der würdige, sehr verdiente Herr Doctor J. Wertheimer, Primararzt des israelitischen Spitals, Mitglied der löbl. medizinischen Fakultät und der k. k. Gesellschaft der Aerzte in Wien, war es, der dieser Sache mit warmer Theilnahme sich annahm, und um dem Verdienste die Krone bleibender Anerkennung zu ertheilen, führen wir hier wörtlich seine Eingabe an die hiesigen Herren Vertreter an, in welcher er sie zur Autorisirung dieser Reorganisation aufforderte:

Wohlgeborne hochzuverehrende Herren Vertreter!

Ohne die geringste, irgend wie zu deutende Beziehung auf die vor Kurzem, in Folge einiger Beschneidungs-Operationen eingetretene Kalamitäten, wovon erwiesener Maßen durch ein unglückliches Verhängniß, nur die Instrumente des Operateurs keineswegs aber seine, von mir und mehreren Kollegen sorgfältig untersucht, physische Beschaffenheit schuld waren, und ausschließlich von dem Wunsche beseelt, einem höchst wichtigen religiösen Akte, alles Unanständige, des Künstlers Auge, wie des Layen Hartgefühl beleidigende, und, in mehreren Fällen allerdings auch vielleicht Unheilbringende zu benehmen, proponire ich, gestützt in religiöser Beziehung auf die Beilage A, und in artistischer — mit freiwilliger Entsagung jeder persönlichen Glaubwürdigkeit — auf die Beilage B. Dieselben mögen dem hier Folgenden durch deren Unterschrift und Fertigung gesetzlich bindende Kraft und Sanction auf hiesigem Plabe verleihen:

1. Das Bespritzen der frischen Beschneidungswunde mit Wein aus dem Munde des Operateurs, so wie das ekelhafte Saugen und Schöpfen derselben mittelst der Lippen, sei von nun an und für die Zukunft allen Beschneidern am hiesigen Plabe als nicht gesetzlich vorgeschrieben, und als ein nur auf schmutzigem Boden wurzelndes Herkommen, aufs Strengste unterlagt; Sie haben vielmehr dieselbe mittelst eines feinen, früher ungebrauchten, und daher im heißen Wasser wohl ausgekochten Schwämmchens, welches sie nun, Behufs ihres Zweckes, mit kaltem, mit warmen Wasser, oder nach Umständen allen Falls, mit Wein tränken können, zu besprengen, durch gelindes Andrücken vom

The complete correspondence between the Hatam Sofer, Vienna's Chief Rabbi, and the physician in chief of the Viennese Jewish Hospital (fig. 2 of 8.)

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Blute zu reinigen, und folchergeſtalt das Maß der Blutung zu regeln, d. h. nach dem jedesmaligen Bedürfnisse zu befördern, oder zu mäßigen.

2. Daß zur Abtragung der Vorhaut erforderliche Wiſtouri ſoll nach der, bei andern Operationen üblichen Weiſe, unmittelbar vor dem jeweiligen Gebrauche zur Milderung des ſcharfen ſchmerzhaften Eingriffes, mit reinem Oliven- oder Mandelöl befeuchtet werden.

Dr. Werthelm.

Wien den 15. März 1837.

Als milder wichtig werden nachträglich noch folgende zwei Punkte vorgeſchlagen:

1. Daß ſogenannte Kränzchen, welches nach vollzogener Beſchneidung angewendet und umgebunden wird, um jede Reizung zu verhindern, möge früher den betreffenden Parthien zugeſtellt werden, damit allenfalls die Apperheſiven es mit einem beliebigen Stoffe ſelbſt überziehen können, um den Forderungen der Reinlichkeit und ſelbſt des Luſt zu genügen.
2. Bleibe es jedem unbenommen, zu mehrerer Sicherheit das benöthigte neue, feine und wohl ausgeſuchte Schwämmchen ſelbſt beſorgen zu dürfen.

Beilage Litt. A. iſt im Urtexte ebräiſch; Beilage Litt. B. folgt hier wörtlich:

Erklärung.

Nachdem Herr Dr. Werthelm in Beziehung auf den Beſchneidungsakt iſraelitiſcher Knaben, und behufs einer deßhalb zu veranlaſſenden, höchſt wünſchenswerthen Veränderung, an uns Endesgefertigten die zwei folgenden Fragen kollegialiſch gerichtet hat, nämlich:

1. Ob wir mit ihm der Meinung ſeien, daß bei dem Beſchneidungsakte der iſraelitiſchen Knaben das Säugen und Schöpfen der friſchen Beſchneidungswunde mittelſt der Lippen des Operateurs und das Beſprengen derſelben mit Wein aus ſeinem Munde, nicht allein nicht notwendig, nützlich und zweckmäßig, ſondern vielmehr entbehrlich, und ſelbſt verwerflich ſei, und
2. ob wir gleichfalls die Anſicht theilen, daß das Beſtreichen des zur Abtragung der Vorhaut erforderlichen Wiſtouris mit reinem Oliven- oder Mandelöl unmittelbar vor dem

The complete correspondence between the Hatam Sofer, Vienna's Chief Rabbi, and the physician in chief of the Viennese Jewish Hospital (fig. 3 of 8.)

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jedesmaligen Gebranche desselben geeignet sei, die Schärfe des blutigen Eingriffes zu mildern?

So erklären wir in vollkommener Uebereinstimmung mit dem Geiste, und selbst den uns unterlegten Worten des Fragestellers:

ad primum. Das Bespreisen der frischen Beschneidungswunde mit Wein, so wie das Saugen und Schöpfen derselben mittelst der Rippen des Operateurs, betrachten wir einerseits als unnötig, nutzlos, unzweckmäßig und ekelhaft, andererseits aber sogar als verwerflich, weil dieses Verfahren unter manchen Umständen allerdings geeignet ist, gewisse Krankheiten des Operateurs möglicher Weise auch auf den Säugling zu übertragen. Ein gelindes Andrücken der Wunde mittelst eines in kaltes, in warmes Wasser, oder nach Erforderniß selbst in Wein getauchten Schwämmchens ist zweifelsohne anständiger, und satifam genügend, das Maß der Blutung zu regeln, d. h. es nach Umständen zu begünstigen, oder zu mäßigen.

ad secundum. Sind wir allerdings überzeugt, daß das Befeuhen des zur Abtragung der Vorhaut nöthigen Wistours mit reinem Oel, wie dies bei andern Operationen üblich ist, die Schärfe des blutigen Eingriffes zu mildern im Stande sei.

Wien den 6. März 1837.

Dr. Freiherr von Türckheim, k. k. Hofrath.

Neg. R. Professor Edler von Watzmann.

Professor von Berres.

A.

שילח יום א' ט"ז שבט תקצ"ו לפ"ק פה ויען הבירה יצו.

החיים וחשלוס, למשמרת עולם. לכבוד י"נ אדמו"ר הרב חנאן הגדול
תפארת ישראל רשכב"הנ כקש"ת מוהר"ר משה סופר נ"י אב"ד
ורמ"דק"ק פרעסבורג יע"א.

ילמדנו דבינו, מה משפט הרבר אשר נשאלתי עליו מאת
ידידי האדון הרופא ווערטהיים מפה, והוא אם עפ"י דין ודת
תורתנו הקדושה צריך תנוהל לעשות המציצה לאחר חמילה בפיו

The complete correspondence between the Hatam Sofer, Vienna's Chief Rabbi, and the physician in chief of the Viennese Jewish Hospital (fig. 4 of 8.)

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ושפתיו דוקא, או אם נכון הרבר לעשות פעולת המציצה ע"י המוצא
 אחרת אשר המציא לטבול ספוג בין או במים ולסחוט איזו פעמים
 על מוקם החבורה ויפעול כמו כן רפואת התנוק הנמול כמו מציצת
 הפה, וסבת השאלה נהיתה, באשר חרשים מקרוב קרה מקרה פת
 עירנו בכמה ילדים נמולים ממוהל אחד מומחה אשר פרחח בעור
 בשרם צרעת ממארת וכסתה הצרעת את כל בשר המילה ומשם
 פשתה בכל גופם והרבה ילדים מתו מחמת הצרעת והיה כי אין
 דין דינם למוזר ורפאות תעלה לא עלתה להם, ועוד איזו מהם בחיים
 חיותם נאנחים ונחלאים, ושפטו הרופאים כי פן באה להם הרעה
 הזאת מחמת המציצה שבפה המוהל, הגם כי בדקו המוהל ונמצא
 טהור ונקי ולא עולתה בו לא מיני' ולא מקצתי' מהחולי הלזה, עכ"ו
 למיחש מיהת בעי בעלמא. והנה אנכי חשבתי כי לפע"ד אני רואה
 שום דבר אשר יתנגד לזה מצד דתינו הקדושה, ואע"ג שאמור ד"פ
 (שבת קל"ג ע"ב) האי אומנא דלא מייץ סכנתא הוא ומעברין ל'י'
 מ"מ הרי לא פורש שצריכה להיות המציצה דוקא בפה ושפתים
 ובוראי נכון נ"כ לעשות פעולת המציצה בדבר אחר העושה פעולה
 החיה להוציא הרם ממקומות חרוקות דויל בתר טעמו למה
 הצריכו חז"ל כל עיקר המציצה משום רפואת הנמול, והרי מיעדים
 רופאים מומחים שגם הספוג עושה פעולת החיה כיוצא בה, וא"כ
 הא נעשה פעולת הרפואה, ולמה לא נאמין להרופאים ברבר הזה
 כמו בכמה רפואות אשר המציאו ברורות האחרונים אשר לא שערו
 הראשונים.

ואין להשיב ולומר כי הלשון מייץ הנוכח בדברי ד"פ הנ"ל מורה
 דוקא על מציצת הפה בשפתים, דחא מצינו (שבת פ"ח ע"א) דמלה
 זאת סובלת פירוש אחר והיינו דמייתי שם הש"ס עובדא בההוא
 צדוקי דהויא לרבא דקא מעיין בשמעתא ויתבה אצבעתא ידי'
 תות יכרעי' וקא מייץ בהו וקא מבען אצבעתי' דמא, ופירש"י דהי'
 ממעך ברגליו על אצבעית ידיו ער שפך דם מבין קשרי אצבעותיו,

The complete correspondence between the Hatam Sofer, Vienna's Chief Rabbi, and the physician in chief of the Viennese Jewish Hospital (fig. 5 of 8.)

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הרי דלשון מייך אינו דוקא לשון יניקה ומציצה אויסזונגען כ"א
גם לשון כנישה ומעיכה אויספרעסען, אויסדריקען, וכן פירש"י
(ויקרא א' ט"ו) ע"פ ונמצא דמו לשון מיץ אפיס כי אפס חמץ כובש
בית השחיטה על קיר המזבח והדם מתמצא ויורד, וכן פירש"י
(משלי ל' ל"ג) ע"פ כי מיץ הלב וגו' מיץ סחיטה *empreindre*
כמו וימץ טל וגו' ומעתה הנם כי נראה לע"ד פשוט להחזיר הרבר
הזה, עכ"ז אין דעתי לעשות דבר חדש כזה עד אשר יסכים עמדי
אדמו"ר נ"י. ולכן ימחול נא במחכ"ת להודיעני דעתו הרמה בענין
הזה בקרב הימים. והיות כי חלש המונג אנכי כעת נחמתי כאב בראשי
ל"ע אשר כלאני בחדר המטות זה איוו ימים על כן דברי לעו, והנני
תלמידו, אוהבו וידידו, משתחוה מול הדרת כבודו.

הק' אלעזר חלוי אי"ש הורוויץ

שילת פ"ב נהני ליום ה' כ' שבט תקצ"ו לפ"ק.

שלום וכ"ט יאורך ימים ושנות חיים לידידי תלמידי הרב וכו' מוה'
אלעזר סג"ל הורוויץ נ"י אב"ד בע"מ וויען.

יקרתו הגיעני ויפה כתב כי לא נמצא מציצה בפה דוקא כ"א
למקובלים שאומרים למתק הדין על ידי פה ושפתים, ואין לנו עסק
בנסחרות היכא דאיכא למיחש לסכנתא כל דהו, והנה שרש מיץ
מצץ הכל אחד ונתיב מיץ אפיס (משלי ל') וימץ טל מן הגיזה
בשופטים בגדעון, ובכולם פירש"י לשון סחיטה וכנישה להוציא
דבר מכתו. וכן פירש דר"ק והרא"ע יע"ש, וא"כ אין לנו אלא
להוציא דם ממקומות רחוקות יהי' על איות פעולה שיח'י, ויש
לחאמין חמומחים על זה איות פעולה תפעול כמו מציצת שפתים,
ועוד אני אומר אפילו הי' מפורש בש"ס מוצץ בפיו, מ"מ כיון שאין
זה מהכשר מילה אלא משום סכנת והמיל ופרע ולא מוצץ כבר גמור
מצותו והתנוק מותר בתרומה ואביו עושה פסח אלא שהוא
בסכנה עד שיעשה פעולה להוציא דם ממקומות רחוקות ובפרק ר"א

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דמילח יליף ר"פ דונויא דאספלונית וכמון שהוא משום סכנת ח"נ
מציצה, והרי אספלונית וכמון גופי' אין אנו נוהגין בכמון כלל גם
לא באותן אספלונית שמכרו שם בש"ס באב"י ורבא, ש"מ כיון דמשום
רפואה הוא אין לחקפיר אם המציאו הרופא' רפואות אחרות במקומם
והוא הדין נמי מציצה אפילו ה' מוזכר במשנה מציצה בפה מ"מ
יכולים להמיר בדבר אחר כיוצא בו, אך יוהירו הרופאים המומחים
שיעירו באמת אם הספוג עושה פעולת מציצה בפה, יותר מזה
אין לחוש לפע"ד. ח' ירפאתו ויחלימוהו כנפשו חקרה ונפש א"נ
רש"ת. משה הק' סופר מפפ"רמו.

An den Herren Dr. S. Wertheimer, Primararzt im
israelitischen Spital zu Wien.

Hochzuverehrender und wohlgeborner Herr Doctor! Ihrer
Anfrage zufolge, ob nach dem Ritus unserer Religion die
Mezizah bloß mittelst des Mundes, oder auch auf andere Art
geschehen könnte, habe ich die Ehre, Ihnen zu erwidern, daß,
indem die Mezizah keineswegs als wesentlicher Theil der Be-
schneidung anzusehen, sondern nur als Mittel vorgeschrieben ist,
das Blut auch von den entferntesten Gegenden der Wunde
heraus zu ziehen, um dadurch deren Heilung zu befördern, daher
jedes Mittel, welches diesem Zwecke entspricht, ohne Weiteres
anstatt der in Rede stehenden Mezizah mit dem Munde, ange-
wendet werden darf, welches auch aus dem Talmud und Melmonides
deutlich zu ersehen ist, die sich folgender Maßen hierüber ausspre-
chen: »Derjenige Operateur, welcher das Ausfaugen unterläßt,
setzt das Kind in Gefahr.« Aus diesen Worten ersieht man,
daß es bei der Handlung des Ausfaugens einzig und allein auf
Heilung der Wunde abgezielt sei, keines Falls aber wird uns
die Art und Weise der Mezizah vorgeschrieben, noch weniger
werden wir auf die bei uns bisher eingeführte Behand-
lung pünktlich und beschränkend hingewiesen, indem dieselbe
wahrscheinlich aus Mangel einer bessern Erfindung bis jetzt nur
so wie sie ist, bestanden. Da nun aber verständige und sachkun-
dige Männer Ihres Gleichen übereinstimmend ein anderes, zweck-
mäßigeres und der Heilung zuträglicheres Mittel in Vorschlag
bringen, nämlich einen in Wein oder Wasser getauchten Schwamm
auf die wunde Stelle einige Male gelinde zu pressen, welches

The complete correspondence between the Hatam Sofer, Vienna's
Chief Rabbi, and the physician in chief of the Viennese Jewish
Hospital (fig. 7 of 8.)

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Mittel nebstdem, daß es die Wirkung der Mezizah hervorbringt, auch noch den Vorzug hat, die in manchen Fällen drohende Gefahr zu verhüten und abzuwenden, so dürfte meines Erachtens von Seiten der Religion gar keine Bedenklichkeit, dem einzuführenden Schwamme, anstatt der gewöhnlichen Mezizah, im Wege stehen. — Indem ich Sie freundschaftlich grüße, zeichne ich mit Hochachtung Ihr Ergebenster

Wien am 23. Jänner 1837.

Lazar Hornik.

Gegelesen von J. J. Pollak, Rabbiner in Trebitsch.

(חב"ש). עליו יראונו מלכי האומות הגדלים להם תכונות. וישירו מעל שם זה שם למ"ד אחרים יורה על שניו הדבר מתכונה לחכמה כמו שם וצושים א' שמים חור לחשך וכו' ולפעמים יחסר הל"ד כמו ולשונם מרחם כחומר חולות, ואשיתכח נחם (ס' ד' וס') ואספר כי להורות על הסגלת החכמות תכונה ראשונה לשני' ינטרן קיסור הלח"ד אחרי' לא זולת, כמו חור לחשך, מר למתוק, רע לטוב ארצו ר"ל חזק יסרול הנודעת זה לכלילת יופי לזי לכל הארצות. נצטרו פעל נבו, מחדש ליה, ר"ל נעשה ליה, והנ"ל לסימן זנין נפעל.

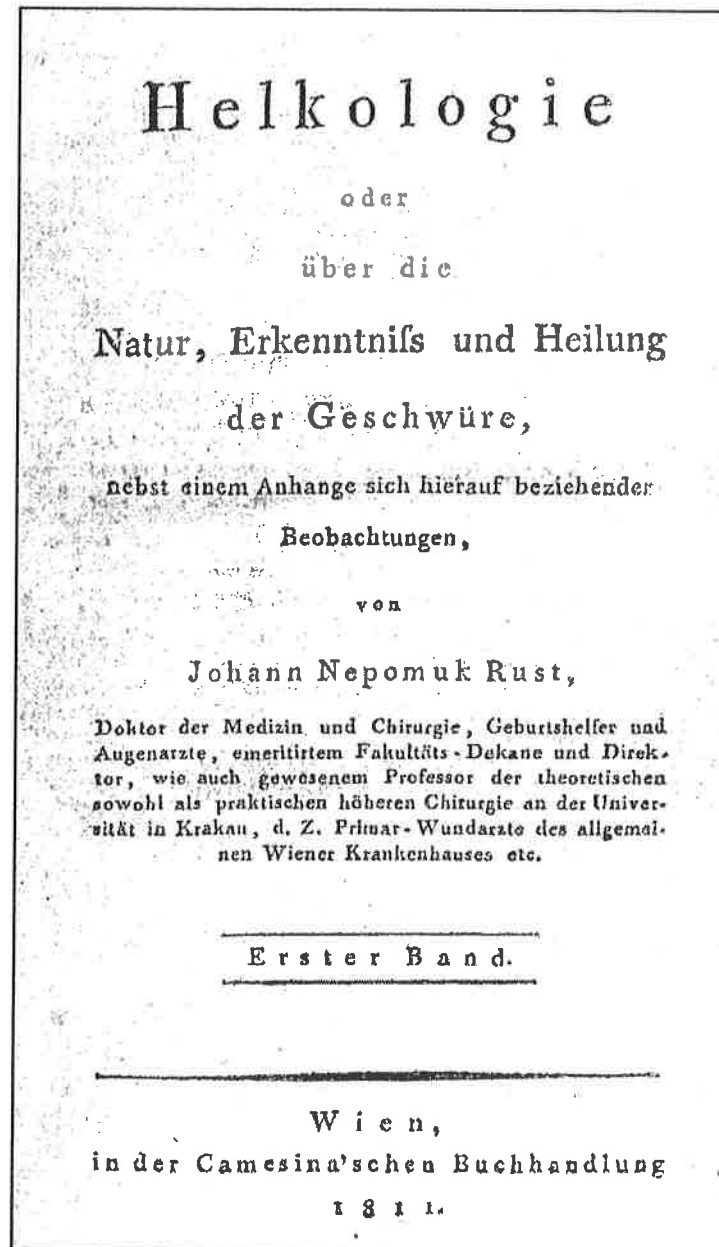
מבלי יושב מחסרון היושנים אשר יפלו צחקן אחרי. גוף ותחפנחם ערו מלרים חור נטחם נערתם גם האם נבדו נן היו לך לחזיקים. ירעוך קדקוד לדעתו הוא תלשון חרמית אשר זה יורה שורש "רע" על השגירה והפירור כמו: תרוק ותרוק (דניאל ז') וכן רועם התרועעה חרן (ישעיה י"ג) יורה גם על השגירה ופירור, ומחננו גם לדעתו "חיש רעים להתרועע (תהי י"ח) ר"ל ים רעים אשר יתקדדו על נקלה. ולהספן ים אורב דנק מחל. וסכונה פה, ירללו מוחך. — והנה תחלה דבר הנניח מלרת ישראל נלשון נסתר, היו לז, עליו יאחזו כפידים, חך נרליתו לדבר מחזרים אשר נשענו ישראל עליהם הסד הדיוור חל האומה, ויאמר רחי חולתך על מי נטחת על מלרים, גם הס היו נעוכרין יותר מכל חזיקין, כי גם האם ירעוך קדקוד. ור"ק בתו ומה שאמר קדקוד, כי מכת הקדקוד מכה דנה, מוחלת הראש נחמלני כי הוא חולת הראש. וי"ת יקטלון בנורין, ויצון נכסין.

(י) רתעשה, אחר תעשה נל"י על "עונך" שהוא מקור, לסי שהמקור הוא כדמות השם, ויצוה גם נזכר גם נקיצה. נל"י כמו: כי רע וחר עונך חת ה'. ונל"י תעשה לך עונך כאלו אחר עונתך כי הוא דמות השם. וכן הנקלה נעניכס התחנן נחלן (ר"ק). מול"כך חסר מלת ה', נעת ה' חוליקך, זה שהוא הנייני חור' המקור חוליקך. ואספר ש"ב שחר לשון ציטוי, להורות כי עוד עתה רלון הנורה להוליקך דרך הישרה ע"כ שלחנו חלין להיסיך ולהוכיח דרכך על פניך, ועפ"י יוצן הויטז הפ' שאח"י, ועתה אחר סה מוליקך עוד דרך הישרה מה לך לדרך מלרים וכו', בדרך נפתח להורות על הדבר הסוגה והישרה שהלכו נה חזותיך הראשונים (ד"ק) וי"ת חזקתה תקנה. (יח) מר לך, ר"ל חיש תועלת יגיע לך מדרך מלרים יאסור, אשר חלן זה נקט עור מחלטיס, הכי לשתות מי שיחור ומי נהר? ונדרך היתול (ironisch) אחר כן (חס ח' מדרכו המליזה אשר השתמשו זה הניחיס) כי זולת שתית מים האלה.

3 *

The complete correspondence between the Hatam Sofer, Vienna's Chief Rabbi, and the physician in chief of the Viennese Jewish Hospital (fig. 8 of 8.)

64 : *Hakirah, the Flatbush Journal of Jewish Law and Thought*



Title-page of the first medical text documenting illness arising from *mezizah be-peh*.

Berührung mitgetheilt wird *), wirke, und ein örtliches dynamisch organisches Uebel ganz eigener Natur veranlasse, welches.

*) Anm. Die gewöhnlichste Art der Mittheilung des syphilitischen Contagiums geschieht bekanntermassen durch den Beischlaf mit einer bereits angesteckten Person. Seltener ist die Ansteckung durch das gewöhnliche Küssen und Säugen, wenn an diesen Theilen venerische Geschwüre vorhanden sind, oder durch chirurgische Instrumente, an denen dieß Contagium hängt. Hebammen und Geburtshelfer können angesteckt werden, wenn sie wunde Hände haben, und die Gebährende mit syphilitischen Geschwüren an den Geburtstheilen behaftet ist. Aber eine besondere Art von Ansteckung, auf die ich Aerzte und Wundärzte aufmerksam mache, hatte ich Gelegenheit zu beobachten. Vor 5 Jahren gab es in der Krakauer Judenstadt mehrere neugeborne Säuglinge, die an dem männlichen Gliede mit Geschwüren behaftet waren. Ich wurde zu Rathe gezogen, und da ich nur an den Genitalien bei neugebornen Kindern eine venerische Ansteckung nicht füglich denken konnte; sondern vielmehr die Geschwürchen als eine Folge der bei jüdischen Knäbchen üblichen Beschneidung dachte, so verordnete ich bloß austrocknende Saturnina — allein es erfolgte nicht nur keine Besserung, sondern die Geschwüre erhielten immer mehr das Ansehen echter venerischer Chancres. Die Mütter, Ammen und Hausgenossen wurden sorgfältigst untersucht, aber nirgends fand ich befriedigende Aufklärung dieses

First clinical reference to a fatal epidemic arising from *mezizah be-peh* (fig 1 of 2.)

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wenn es einige Zeit bestanden hat, über die zunächst angränzenden Hautbezirke sich ausbreitet, und bald früher bald später auf entferntere Theile übertragen wird, bis endlich diese eigenthümliche Krankheit bis auf jenen Grad gestiegen ist, daß die gesammten Gebilde der äußeren Haut,

seltsamen Phänomens. — Die Krankheit griff immer weiter um sich, beinahe jeder neugeborene Judenthabe bekam Chancres - Geschwüre — und mehrere, welche die ärztliche Hilfe außer Acht ließen, wurden unverkennbar allgemein syphilitisch. — Die Sache erregte nun Aufmerksamkeit, und da ich beobachtete, daß kein weiblicher Säugling, sondern stets die Neugeborenen männlichen Geschlechts, und zwar immer wenige Tage nach der jüdischen Beschneidung mit dieser Krankheit behaftet wurden; so verlangte ich dem nächsten Akte der Beschneidung selbst beiwohnen zu können. — Ich sah nun, daß ein Mann, welcher zu diesen Geschäfte eigends bestimmt ist, nach verrichteter Operation das Blut mittelst der Lippen aussug, eh die wunden Theile mit einem austrocknenden Pulver bestreut wurden. — Ich untersuchte alsogleich denselben, und fand, was ich vermuthete, nämlich daß seine ganze Mund- und Rachenhöhle mit venerischen Geschwüren überzogen war, und daß er auf diese Art den Neubeschnittenen das syphilitische Kontagium einimpfte. Jüdische Physici sollten daher eine besondere Aufmerksamkeit auf diese Blutsauger richten.

First clinical reference to a fatal epidemic arising from *mezizah be-peh* (fig 2 of 2.)